Foster Family Home - Corrective Action Report

Provider ID:	1-160073				uventens settenske. Storij die entender				
Home Name:	Flordeliza	Brag	a, CNA		Review ID:	1-160073-2			
94-904 Kuakahi S	St.				Reviewer:	Carrie Waka			
Waipahu		HI	96797		Begin Date:	8/1/2017		End Date:	9/04/2017
Foster Family	Home	Re	quired Ce	rtificate			[17-14	454-6]	
6.(d)(1) Comment:	Comply	with al	l applicable	requirem	ents in this ch	apter; and			
6.d.1-Home visi correction due t				certifica	ation survey.	A corrective	actio	n report w	vas issued with a written plan of
Foster Family	Home	Ва	ckground	Checks			[17-1	454-7.1]	
7.1.(a)(1)						cordance with			
7.1.(a)(2)	Be subje	ect to a	dult protect	ive servi	ce perpetrator	checks if the ir	ndividu	ual has dire	ct contact with a client; and
Comment:	-\(0\) ADC	(CANI	Tin a a vania	lina lana	ad an CC#1	due en er be	oforo 1	11/0/16 4	ono 6/23/17
7.1(a)(1) & 7.1(a)(2)-APS	(CAN)	Fingerprini	ing iaps	sea on CG#1				one 0/23/17.
Foster Family	Home	Cli	ent Care a	ınd Ser	vices		[17-1	454-43]	
43.(c)(3) Comment:	Be base delegate	ed on the client	ne caregiver care and se	following	g a service pla s provided in o	an for addressir chapter 16-89,	ng the subch	client's ne napter 15, F	eds. The RN case manager may IAR;
43(c)(3)-No ca	theter task	dele	gation pres	ent on c	lient #1.				
2									
		0	arrie	May	in pal			8	101/17
	Comp	olianc	e Manager	v v cue				Da	ate
			nlerag					e	101/17
	Prima		re Giver					Da	ate

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8/23/2017 13:44 PM

From: Flordeliza Braga flordelizabraga@yahoo.com

Subject: Written Plan of Correction Date: Sep 4, 2017, 1:50:20 PM

Written Plan Of Correction 09/04/2017

7.1(a)(1)

The APS/CAN/Fingerprinting will not lapse from now on for all caregivers/household members because the home will post in a conspicuous place, written reminders of all requirements and their due dates. Documents will be organized and kept in my folder.

43(c)(3)

The home will check for, acquire and file in the binder all task delegations for client #1, as well as my other clients, including but not limited to urinary catheter care and irrigation from RN case manager. Case management visiting nurse delegated the care and irrigation of the Foley catheter on April 04,2017 for client #1. Copy outsourced from the case management office and filed in the binder.

FLORDELIZA MAGA BRAGA

94-904 Kuakahi Street

Waipahu, HI 96797

09/04/2017